

Warsaw, date .....

**Vistula University**

Faculty of Philology and Journalism

Stokłosy 3

02-787 Warsaw

Faculty Supervisor of Vocational Student Internships: .....

e-mail: .....

Contact to the Careers and Internship Office: .....

phone number: .....

e-mail: .....

**Referral for vocational student internships**

Vistula University refers:

Mr./Ms. .... (student ID card No. ....),

student of (field of study) .....,

at the **1<sup>st</sup> / 2<sup>nd</sup>\* degree program, **full-time/part-time\*** studies conducted at the Faculty**

Philology and Journalism of Vistula University to complete the vocational student internship at

the Enterprise/Institution:

.....

based on the Contract on the organization of vocational student internship in the period from

..... to ..... (internship duration is defined by the study

program).

Implementation of the internship is conditional to the conclusion of a Contract between the University

and the Enterprise/Institution for the organization of student internships / Agreement on the admission

of students to the internships.

.....  
*(date and signature of the Faculty Supervisor of Vocational  
Student Internships)*

**\*delete as appropriate**